

Clinic Management Course Registration

FAX to NMETC Bethesda: (301) 295-1292 or DSN 295-1292 / ATTN: Student Support
Course Registration due at least 60 days prior to course convene date

Course Location/Date			
Sending Command			
Command Address:			
Team POC: <i>(Who to contact for questions about attendees listed & to send pre course materials)</i>			
Name / Rank / Rate			
Position			
Telephone:	DSN	COMM	
FAX	DSN	COMM	
E-Mail:			

TAD Office Information

Order Writer Name:			
Telephone:	DSN	COMM	
FAX	DSN	COMM	
E-Mail:			

Nominated Team Members

CLINIC NAME/MEPRS CODE: _____

1	Name / Rank / Desig		
	SSN / Position		
	E-mail		Rotation Date ¹ :
2	Name / Rank / Desig		
	SSN / Position		
	e-mail		Rotation Date :
3	Name / Rank / Desig		
	SSN / Position		
	e-mail		Rotation Date :
4	Name / Rank/Desig		
	SSN / Position		
	e-mail		Rotation Date :
5	Name / Rank/Desig		
	SSN / Position		

¹ "Rotation Date" means the planned date for leaving clinic assignment; NOT PRD

e-mail		Rotation Date :
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Parent Command Approval	
Signature	
Name/Rank	
Title	Date:

Confirmation of Registration	
~ This portion of the form will be completed by NMETC & faxed back to team ~	
Signature	
Name/Rank	Coordinator, Clinic Management Course Date:
Your point of contact at the training site is:	

PLEASE NOTE – Funding is provided by NMETC. Parent commands are responsible for arranging all travel and lodging for course participants.

<u>Class #</u>	<u>Dates</u>	<u>Location</u>	<u>NOM Due Date</u>
Clinic Mngt 06-10	01 – 04 NOV 2005	Bremerton	06 SEP 2005
Clinic Mngt 06-20	24 – 27 JAN 2006	Okinawa	29 NOV 2005
Clinic Mngt 06-30	14 – 17 FEB 2006	Jacksonville	20 DEC 2005
Clinic Mngt 06-40	14 – 17 MAR 2006	Naples	17 JAN 2006
Clinic Mngt 06-50	11 – 14 APR 2006		14 FEB 2006
Clinic Mngt Conference	02 – 04 MAY 2006	Bethesda	N/A
Clinic Mngt 06-60	13 – 16 JUN 2006		18 APR 2006
Clinic Mngt 06-70	08 – 11 AUG 2006		13 JUN 2006
Clinic Mngt 06-80	19 – 22 SEP 2006		25 JUL 2006

Privacy Act Statement

Authority to require this information is contained in 5 USC 301, Department Regulations. The principal purpose of the information on this form is to provide the training activity with certain information relative to your training needs and your location during training. Additionally, it may be used by employees of the Department of the Navy in the performance of their official duties related to the management, supervision, and administration of Navy personnel affairs and functions. Completion of this form is mandatory. Failure to provide required information may result in the denial of your request for training or duty assignment, or in other administrative action being taken.